



AF/3724

Patitioner's Docket No. 019502.0014US1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Earl J. Votolato

Application No.: 09/804,451  
Filed: 03/12/2001  
For: Utility Knife Tool

Group No.: 3724  
Examiner: T. Druan

**RESPONSE UNDER  
37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP  
3124**

RECEIVED

MAR 12 2003

TECHNOLOGY CENTER R3700

Box AF  
Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

STATUS

2. Applicant is a small entity. A statement was already claimed.

**CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\***  
(When using Express Mail, the Express Mail label number is *mandatory*;  
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

G deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, Washington D.C. 20231  
37 C.F.R. § 1.8(a)

☒ with sufficient postage as first class mail.

37 C.F.R. § 1.10\*

G as "Express Mail Post Office to Addressee"

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TRANSMISSION

☒ facsimile transmitted to the Patent and Trademark Office, (703) 872-9303.

Erika Simpson

Date: March 4, 2003

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment	(Col. 2) Highest No Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY Rate	Addit Fee
Total	10	Minus 20	= 0	x \$9 =	\$0
Indep	1	Minus 3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim				+ \$140 =	\$0
Total Addit. Fee					\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

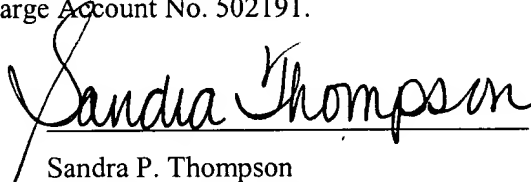
### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 502191.

If any additional fee for claims is required, charge Account No. 502191.

Date:

3/4/2003



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